

SECTION A — IDENTIFICATION										FORM CD-370 (Rev. 9-03)		U.S. DEPARTMENT OF COMMERCE									
SOCIAL SECURITY NUMBER			NAME (Last) (First) (Middle Initial)							TRAVEL VOUCHER											
BUREAU CODE	CD-29 TRAVEL ORDER		DATES FOR TRAVEL EXPENSES			TYPE CODE	(Indicate One Type Only) 1 — DOMESTIC TRAVEL — 48 2 — FOREIGN TRAVEL 3 — TRANSFER HOUSEHUNT 4 — TRANSFER OTHER 6 — DOMESTIC TRVL — OTHER \$	RECLAIM AMOUNT INCLUDED		MAILING ADDRESS OF CHECK											
			FROM THRU							SALARY CHECK ADDRESS <input type="checkbox"/>											
	PURPOSE CODE		MO DAY YEAR MO DAY YEAR							SPECIAL ADDRESS (Non-Government Traveler or New Hire)											
ORGANIZATION			OFFICIAL DUTY STATION (City and State)				RESIDENT CITY AND STATE (If other than Official Duty Station)														
SECTION B — TICKET COSTS BILLED DIRECTLY TO GOVERNMENT (Air, Rail, Bus, Ship)																					
AMOUNT		VENDOR		NUMBER OF TRAVELERS		CLASS		FROM		EXPLANATION OF TRAVEL TO		SECTION D — CLAIMS		FINANCE USE							
1. \$												1. PER DIEM									
2. \$												NO. DAYS []		\$							
3. \$												2. MILEAGE									
4. \$												TOTAL MILES []									
\$		← TOTAL — SECTION B		IMPORTANT: Return unused tickets to your travel services provider.																	
SECTION C — ACCOUNTING CLASSIFICATION CODE (Reimbursable Expenses) (Distribute Total Claim Amount from Section D to the Applicable Accounting Classification Code(s) as Indicated on the Travel Order)												3. OTHER TRAVEL									
FCFY (xxxx)		PROJECT-TASK (xxxxxxxx-xxx)		ORGANIZATION (xx-xx-xxxx-xx-xx-xx-xx)		OBJECT CLASS (xx-xx-xx-xx)		CLAIM AMOUNT		4. CAR RENTAL (Paid by Traveler)											
1.								\$		5. COMMON CARRIER TRANSPORTATION											
2.										6. ACTUAL SUBSISTENCE											
3.										NO. DAYS []											
4.										7. MISCELLANEOUS EXPENSES											
5.										8. REAL ESTATE EXPENSE (Form CD-371)											
6.										9. TEMPORARY QUARTERS (Form CD-372)											
7.										10. RELOCATION INCOME TAX ALLOWANCE []											
TOTAL CLAIM AMOUNT (This Amount Must Agree with Block 11) → \$										11. TOTAL CLAIM (Lines 1 thru 10)		\$									
SECTION E — CERTIFICATIONS												12. TRAVEL ADVANCE AMOUNT OUTSTANDING									
FRAUDULENT CLAIM — Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).												13. AMOUNT OF VOUCHER (Line 11) TO BE APPLIED TO OUTSTANDING ADVANCE (Line 12)									
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE												14. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)									
I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (41 CFR 101-41.203-2). I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me.						CLAIMANT'S SIGNATURE						15. REMAINING ADVANCE BALANCE (Line 12 minus Line 13 minus Line 14)									
						DATE						PHONE (Area Code and Number)						16. NET TO TRAVELER (Line 11 minus Line 13)		\$	
																		AUDITED BY (Examiner's Initials)		TOTAL DIFFERENCE	
PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR, Chapters 300-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.						APPROVING OFFICER'S SIGNATURE NAME AND TITLE (Type or Print) DATE PHONE (Area Code and Number)															
												APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only. (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage. (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government.						<input type="checkbox"/> CD-29 ATTACHED <input type="checkbox"/> CD-29 SUBMITTED WITH PREVIOUS VOUCHER			

TRAVELER'S NAME				FORM CD-370 (Rev. 9-03)														U.S. DEPARTMENT OF COMMERCE				
				SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED																		
DATES →				MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	TOTALS		
ITINERARY	FROM	CITY AND STATE		-----		-----		-----		-----		-----		-----		-----		-----		TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370A)		
		TIME (a.m. or p.m.)		-----		-----		-----		-----		-----		-----		-----						
		CARRIER		-----		-----		-----		-----		-----		-----		-----						
		FLIGHT NUMBER		-----		-----		-----		-----		-----		-----		-----						
	TO	CITY AND STATE		-----		-----		-----		-----		-----		-----		-----		-----				
		TIME (a.m. or p.m.)		-----		-----		-----		-----		-----		-----		-----		-----				
1. PER DIEM	M&IE		-----		-----		-----		-----		-----		-----		-----		-----		1. TOTAL NO. DAYS			
	LODGING AMOUNT		-----		-----		-----		-----		-----		-----		-----		-----		TOTAL PER DIEM CLAIM			
	TOTAL		-----		-----		-----		-----		-----		-----		-----		-----		\$			
2. POV	MILEAGE		-----		-----		-----		-----		-----		-----		-----		-----		2. TOTAL NO. MILES			
	CENTS PER MILE		-----		-----		-----		-----		-----		-----		-----		-----		TOTAL MILEAGE AMOUNT			
	AMOUNT		-----		-----		-----		-----		-----		-----		-----		-----		\$			
3. OTHER TRAVEL	PARKING, TOLLS, ETC.		-----		-----		-----		-----		-----		-----		-----		-----		3. TOTAL OTHER TRAVEL			
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS		-----		ACTUAL CHARGES		-----		COMMUTED RATE		-----		CLAIM LESSER AMOUNT		-----		\$			
4. CAR RENTAL	(Receipt and Car Rental Agreement Required)		-----																		4. TOTAL CAR RENTAL	
5. COMMON CARRIER	PLANE, BUS, TRAIN (Paid by Traveler)	AMOUNT (Receipt Required)	-----		-----		-----		-----		-----		-----		-----		-----		-----			
		NO. OF TRIPS	-----		-----		-----		-----		-----		-----		-----		-----					
	TAXI, LIMO, LOCAL BUS, SUBWAY	DAILY EXPENSE	-----		-----		-----		-----		-----		-----		-----		-----		5. TOTAL COMMON CARRIER			
		TRANSPORTATION OF HOUSEHOLD GOODS — PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)		TOTAL WEIGHT OF GOODS SHIPPED		-----		COMMUTED RATE		-----		TOTAL		-----		ADDITIONAL ALLOWANCES		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS		\$		
6. ACTUAL SUBSISTENCE	BREAKFAST (Include Tips)		-----		-----		-----		-----		-----		-----		-----		-----		-----			
	LUNCH (Include Tips)		-----		-----		-----		-----		-----		-----		-----		-----		-----			
	DINNER (Include Tips)		-----		-----		-----		-----		-----		-----		-----		-----		-----			
	LODGING (Receipt Required)		-----		-----		-----		-----		-----		-----		-----		-----		6. TOTAL NO. DAYS			
	TIPS (Porter, etc.)		-----		-----		-----		-----		-----		-----		-----		-----		TOTAL ACTUAL SUBSISTENCE			
	OTHER (Laundry, etc.)		-----		-----		-----		-----		-----		-----		-----		-----		-----			
	TOTAL (Cannot exceed amount authorized. See DOC Travel Handbook.)		-----		-----		-----		-----		-----		-----		-----		-----		\$			
7. MISCELLANEOUS EXPENSES	(Supplies, Telephone, Lodging Taxes, Laundry, etc.)		-----																		7. TOTAL MISC.	
REMARKS/ EXPLANATION/CERTIFICATION STATEMENTS																						